Emergency Support Function #8
Health and Medical Services

Primary District Agency: Department of Health

Support District Agencies:
Child and Family Services Agency
DC Water and Sewer Authority
Department of Human Services
Department of Mental Health
Department of Parks and Recreation
District Department of Transportation
Emergency Management Agency
Fire and Emergency Medical Services Department
Office of Contracting and Procurement
Office of the Chief Medical Examiner
Office of Unified Communications
Serve DC

Non-Governmental Organizations:
American Red Cross
DC Hospital Association
DC Health Care Alliance
DC Nurses Association
DC Primary Care Association
Nursing Home Association
Medical Society of DC
Medical Chirurgical Society of DC
National Medical Association

Primary Federal Agency: Department of Health and Human Services

I. Introduction

A. Purpose

ESF #8—Health and Medical Services provides coordinated District assistance and resources to identify and respond to public health and medical care needs during a public emergency. Assistance provided under ESF #8 is directed by the Department of Health (DOH) and is supported by several agencies within the District as well as the coordination between the agencies and private health service providers.

B. Scope

ESF #8 provides for a coordinated and effective District of Columbia government approach to providing health and medical assistance in the immediate aftermath of a public emergency that impedes routine health and medical services provided within the District of Columbia. The support is categorized in the following functional areas:

1. Health surveillance, including infectious disease surveillance and epidemiological investigation
2. Communicable disease control including isolation and quarantine
3. Assessment of health/medical needs, including in-patient capacity
4. Decontamination of victims and health and medical personnel
5. Public health informational/risk communication on public health issues
6. Reception of the Strategic National Stockpile and distribution of prophylactic medications
7. Medical care personnel
8. Health/medical equipment and supplies
9. EMS provision and coordination
10. Medical consultation, coordination, and control
11. Patient distribution
12. Patient tracking
13. In-hospital care
14. Fatality management and victim identification
15. Food/drug/medical device safety
16. Worker health/safety
17. Radiological/chemical/biological hazards consultation and technical assistance
18. Mental health care for victims, worried well, response personnel, health and medical personnel and general public
19. Potable water/wastewater and solid waste disposal testing
20. Animal disease vector control
21. Veterinary services and animal control
22. Security services at health and medical facilities

II. Policies

A The roles and responsibilities of DOH, the Department of Mental Health (DMH), the DC Fire and Emergency Medical Services Department (FEMS), and other supporting agencies will be closely coordinated in the Health Emergency Coordination Center of the DOH and the Emergency Operations Center of the EMA to successfully execute the mission of ESF #8.

B. ESF #8 will be implemented when a public emergency has occurred and the Mayor has determined that a response is warranted.

C. In accordance with assignment of responsibilities in ESF #8, and further tasking by the primary ESF #8 agency, each support agency will contribute to the overall response, but will retain control over its own resources and personnel.

D. ESF #8 is the primary source of public health and medical response/information for all District officials involved in response operations.

E. All local and regional organizations (including other ESFs participating in response operations) will report public health and medical requirements to the ESF #8 lead agency through the Consequence Management Team (CMT) in the Emergency Operations Center (EOC).

F. To ensure patient confidentially, ESF #8 will not release medical information on individual patients to the general public.

G. Appropriate information on casualties/patients will be provided as needed to the American Red Cross (ARC) or appropriate District agency for inclusion in the Disaster Welfare Information (DWI) system for access by the public.

H. Requests for recurring reports of specific types of public health and medical information will be submitted to ESF #8. ESF #8 will develop and implement procedures for providing these recurring Situation Reports (SITREPS) to the CMT and others through ESF #5—Information and Planning.

I. The primary District Joint Information Center (JIC) located at the EOC is established to support the District Response Plan (DRP) and will be authorized to release general medical and public health response information to the public.

J. DOH will be the lead agency in ensuring enhanced surge capacity as needed to adequately triage and treat large numbers of casualties/patients through the use of ESF #8 resources, coordination with area hospitals and Fire/EMS services, and regional mutual aid agreements.

III. Situation

A. Disaster Condition

1. A significant public emergency may impede or prohibit the delivery of routine health and medical services. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and special needs populations may be severely damaged or destroyed. Facilities that survive with little or no structural damage may be rendered unusable or only partially usable because of a lack of utilities (power, water, sewer) or because staff are unable to report for duty as a result of personal injuries and/or damage/disruption of communications and transportation systems. Medical and health care facilities that remain in operation and have the

necessary utilities and staff will probably become overwhelmed. In the event of a sudden increase in the need for health and medical services, medical supplies and equipment may quickly run out, including pharmaceuticals, blood products, medicines, equipment, and other related consumable supplies.

2. Critical and long-term patients in existing hospital or health care facilities may need immediate relocation from these facilities if they are damaged or inoperable. Uninjured persons who require routine medications, such as insulin, anti-hypertensive drugs, digitalis, and dialysis may have difficulty in obtaining these medications and treatments because of damage/destruction of normal supply locations, general shortages, or lack of access due to damaged transportation infrastructure.

3. If the event's negative impacts last for several days or weeks, there could be health and medical complications and issues involving relocation, shelters, vector control, potable water, wastewater, and solid waste.

4. A major medical and environmental emergency resulting from chemical, biological, or nuclear Weapons of Mass Destruction (WMD) could produce a large concentration of specialized injuries, illnesses, fatalities, and other problems that could overwhelm health care facilities within the District. (See Bioterrorism Annex.)

B. Planning Assumptions

1. The resources routinely available within the affected emergency area may be inadequate to clear casualties from the scene or treat them in nearby/immediate health care facilities. Mobilization of city resources, and possible neighboring community resources based on established partnering agreements, may be urgently needed for triage, treating casualties in the emergency area, and then transporting them to the closest appropriate hospital or other health care facility.

2. Medical resupply may be needed throughout the emergency area. ESF #8 will have the responsibility of identifying, ordering, receiving, and distributing such supplies.

3. In an event that causes large numbers of casualties, ESF #8 agencies may be required to set up and staff Mass Casualty Collection Points where patients can be stabilized while they await transportation to appropriate medical care facilities.

4. In a major public health emergency, operational necessity may require the transportation of patients to other medical health facilities by alternative means.

5. A terrorist release of WMD, industrial accident, or other HazMat event may lead to toxic water/air/land environments that threaten surviving populations and response personnel, including exposure to hazardous chemicals, biological agents, radiological substances, and contaminated water supplies and food products.

6. The damage and destruction of a major public emergency may result in numerous deaths, and may require coordination and outside assistance for body location and recovery, extrication, examination, identification, storage, and release, as well as coordination with law enforcement for evidentiary purposes.

7. The damage and destruction of a major public emergency may result in the injury and death of pets and other animals in and around the disaster zone. Veterinary service and animal control capabilities may be stretched, and disease and vector control problems associated with animal fatalities may impact public health in and around the emergency location.

8. The stress, loss, and pain caused as a result of the public emergency may result in the District's mental health system becoming overwhelmed, producing urgent need for mental health crisis-counseling for emergency victims, response personnel, and their families.

9. Assistance in maintaining the continuity of health and medical services may be required, especially for citizens with long-term and ongoing health care needs, as well as continuity of services for critical or acute care patients.

10. Disruption of sanitation services and facilities, loss of power, and massing of people in shelters may increase the potential for disease and injury. Disruptions may dislocate tourists and visitors who will become disoriented and be unfamiliar with the District and, thus, may have difficulty in identifying and locating health and medical support services in the event of a disaster. Tourists and visitors may have difficulty in obtaining access to needed medicines or treatments and may not be able to access hotels or other locations where they may be keeping their medicine. It may be difficult for medical and health service providers to obtain records and medical histories of tourists and visitors, which may be critical to providing effective treatments and cures to such individuals that may have been impacted by the event.

11. Primary medical treatment facilities may be damaged or inoperable, thus assessment and emergency restoration to necessary operational levels or the establishment of alternate medical care facilities is a basic requirement to stabilize the medical support system.

12. The presence of multiple federal agencies and facilities and foreign embassies and missions presents special planning, training, coordination and response requirements.

IV. Concept of Operations

A. General

1. ESF #8 will coordinate with support agencies to monitor events and track health and medical needs and requirements during the activation. Based on this ongoing assessment, DOH will direct resources, coordinate the delivery of services, and collect information from and coordinate among government agencies and between government agencies and private sector health and medical service providers.

2. For the duration of the activation, ESF #8 will continue to provide input to ESF #5 on the general medical and public health response activities. In the event that the DC EOC is activated, ESF #8 will dispatch an Emergency Liaison Officer (ELO) to EMA and maintain at least one ELO on duty for each shift until the response is terminated.

3. DOH will notify ESF #8 partners of any District-wide public emergency via the Health Alert Network. Critical staff and key decision makers will also be contacted directly to ensure their input. DOH response will be initiated at the Health Emergency Coordination Center (HECC) and will provide comprehensive feedback and remain in close contact with the DOH ELO in the EOC.

B. Organization

1. **ESF #8 Operations Centers**—As a primary agency, DOH will operate from its HECC and link with the operations centers of the other support agencies.

2. **EOC**—DOH and other ESF #8 support agencies will provide representation at the EOC as part of the CMT as required and will remain until deactivated or released by the CMT Director or designee.

3. **Interagency Liaisons**—DOH will coordinate with EMA to ensure that appropriate representatives are immediately available to participate in interagency coordination groups that may have been established based on the type and scope of the public emergency.

C. Notification

1. Upon notification by EMA that a major public emergency has occurred, DOH will alert appropriate personnel and activate and staff the DOH HECC to facilitate communications with DOH providers and to assist EMA with the coordination of DOH activities with the overall District response. DOH coordinators will be posted at the EOC and at other command and control sites, as requested (e.g., EMA Mobile Command Centers -DC10 and -DC11).

2. In conjunction with EMA and with other appropriate primary agencies and support agencies, DOH will make a rapid initial assessment of the situation and, as appropriate, notify, and activate one or more ESF #8 support agencies. In addition, the DOH liaison at the EOC will begin initial discussions and coordination with the primary agencies of other ESFs to ensure that effective health and medical services will continue to be provided to those impacted by the event.

3. It should be noted that notification of a covert bioterrorism incident might flow from DOH to EMA when such an event is detected by health surveillance systems.

D. Response Actions

1. Initial Actions

a. When activated under this plan, DOH will implement its Rapid Response Team Emergency Operations Plans. If appropriate, it will also activate its Bioterrorism Plan.

b. DOH will coordinate with support agencies to assist in providing health and medical services to citizens directly and indirectly impacted by the public emergency, as well as response personnel and others involved in the incident. This will include providing direction and assistance to ESF #8 support agencies and the primary agencies of other ESFs that have public health components, including ESF #1—Transportation; ESF #3—Public Works and Engineering; ESF #4—Firefighting; ESF #6—Mass Care; ESF #9—Urban Search and Rescue; ESF #10—Hazardous Materials; and ESF #11—Food.

c. As needed, DOH will request and coordinate the delivery of health and medical services with DHS and DHHS. Requests for assistance from EMA may also be directed toward the US Army Corps of Engineers, U.S. Public Health Service, and Centers for Disease Control and Prevention.

d. In the event of a mass-fatality incident, an onsite temporary facility will be established for initial recovery, case number assignment, and documentation of remains (as permitted by hazardous conditions). If necessary, decontamination will be conducted here, prior to moving bodies to other facilities. Remains will be removed from this staging site to a temporary mortuary facility for further examination and identification. If a mass casualty event approaches or exceeds the District's capacity to handle fatalities, federal DMORT teams may also be requested through the DC Office of the Chief Medical Examiner (OCME).

e. The District's Strategic National Stockpile Plan will be implemented, if indicated.

f. The District's Fatalities Management Plan will be implemented as required.

g. DOH will coordinate with District health and medical service providers, including DC Hospital Association, hospitals, and health care facilities (including medical and dental facilities) by ensuring that the DC Hospital Association's Hospital Mutual Aid Radio System (HMARS) is activated. DOH will:

1. Coordinate the protection of the public from communicable diseases
2. Coordinate the systems to monitor and report on the safety of food and water supplies to citizens not displaced but impacted, relief workers, and displaced citizens residing in temporary shelters
3. Coordinate systems to monitor health information and inspect and control sanitation measures
4. Coordinate the systems to monitor and respond to vector and epidemic control needs and provide immunizations
5. Assist, as needed, with the acquisition of medical supplies, resources, medications, and other needs
6. Assist, as needed, with laboratory testing and release of results and related activities
7. Assist in the coordination of the delivery of injured victims to hospitals and service providers to reduce overcrowding or overwhelming service providers
8. If necessary, activate the Emergency Healthcare Reserve Corps to supplement existing medical resources
9. Ensure that HMARS is activated and regularly monitored
10. Coordinate resources with area hospitals and EMS service providers to ensure appropriate and reliable service and access to service within and around the public emergency zone

11. Assist with the tracking and identification of injured victims and provide information, as appropriate to the media, the public, and other community stakeholders through ESF #15—Media Relations and Community Outreach

2. Continuing Actions

a. As the event begins to stabilize, DOH will continue to monitor health and medical-related activities by performing situational assessments. DOH will continually acquire and assess information about the public emergency situation. DOH will continue to attempt to identify the nature and extent of health and medical problems and establish appropriate monitoring and surveillance of the situation to obtain valid, ongoing information.

b. Based on the specific needs of a particular incident, DOH may determine that specialized support teams (e.g., mental health team, vector management and control team, veterinary services support team, etc.) may need to be formed to support health and medical service providers; deliver assistance to the community; coordinate activities; provide technical and consultation advice; assist in coordinating with federal service providers; and address intermediate and long-term health and medical needs up to the time that normal and routine operations are achieved.

c. As fatality examinations are completed, identified remains will be made available for release to funeral homes. Remains not yet identified will be held and catalogued. Further testing by other means (radiographs, fingerprints, or DNA) may be necessary to confirm identification prior to release, which may require services of other entities. The Office of Chief Medical Examiner (OCME) will coordinate with ESF #13—Law Enforcement and ESF #6—Mass Care through the Family Assistance Center to receive data to make identifications and to provide notification to families. OCME will provide information to ESF #5 concerning the results of medication examinations, and to ESF #15 for release to the public.

V. Responsibilities

A. Primary District Agency

Department of Health (DOH)—DOH acts as the lead agency for ensuring the provision of emergency health and medical services to District residents, workers, and visitors. DOH coordinates the health and medical response from appropriate District, regional, federal, and private agencies, working through EMA to assist with coordination of the District's overall emergency response.

1. Provide leadership in directing, coordinating, and integrating the overall efforts to provide medical and public health assistance.
2. Coordinate and direct the activation and deployment of resources of health/medical personnel, supplies, and equipment.
3. Coordinate the evacuation of patients from the disaster area when evacuation is deemed feasible and appropriate.
4. Arrange for the establishing of active and passive surveillance systems for the protection of public health.
5. Coordination with the support agencies in directing and prioritizing health and medical activities.
6. Coordination to ensure that a sufficient number of trained medical personnel are stationed at each mass care site.
7. Coordination with ESF #2 to ensure that a working system of communications with the Emergency Operations Center has been established. This may include radio, telephone, or cellular telephones.
8. Coordination with ESF #7 for key supplies and equipment.
9. Coordination with ESF #7 (Resource Support) and ESF #16 (Donations and Volunteer Management) for supply information pertaining to potential volunteer groups, contract vendors, and other entities that may be able to supplement local resources.
10. In addition to those activities previously stated, ESF #8 will coordinate with ESF #16 regarding the activities of volunteers actively engaged in providing assistance.
11. Develop and maintain a roster of personnel that staff the ESF. Sufficient staffing will be available for 24 hours per day, seven days per week.
12. Record incoming requests for assistance, track who was assigned to respond and the action taken.
13. Establish a protocol for prioritizing response activities.
14. Coordinate activities with other ESFs.

B. Support District Agencies

1. Child and Family Services Agency (CFSA)—CFSA will ensure the safety of the children under their care and provide emergency intake services for children separated from their families as a result of the health public emergency.

2. DC Water and Sewer Authority (DCWASA)—DCWASA will coordinate activities with the appropriate divisions of the Environmental Health Administration to ensure the safety and potability of the District's water supplies.

3. Department of Human Services (DHS)—DHS will be the lead agency in providing mass care and sheltering. Through its Office of Facilities

Management, DHS will continue to operate it facilities management services, including supplying generators, water, and security personnel.

4. **Department of Mental Health (DMH)—**DMH will provide patient care and the movement, as well as psychiatric care for District residents, workers, and visitors. DMH will monitor and respond to mental health issues and coordinate with mental health service providers to ensure appropriate support to victims, responders, their families, and others impacted by the public emergency. DMH will provide laboratory services, medical personnel, pharmacists, and mental health providers as needed to supplement DOH medical teams and the National Pharmaceutical Stockpile Plan.

5. **Department of Parks and Recreation (DPR)—**DPR will assist other support agencies in providing facilities and personnel as needed for mass care, sheltering, and alternative triage and treatment sites.

6. **District Department of Transportation (DDOT)—**DDOT will coordinate with DOH on the requirements for the transportation of the National Pharmaceutical Stockpile. DDOT will support MPD on the perimeter control during a public health emergency and provide traffic management plans around closed locations.

7. **Emergency Management Agency (EMA)—**EMA will initiate the emergency notification process, establish the citywide EOC, and provide overall inter-agency coordination.

8. **Fire and Emergency Medical Services Department (FEMS)—**FEMS will coordinate response activities with DOH and will report to the CMT on the capacity and capability of hospital emergency rooms, space availability, and related matters. FEMS will provide pre-hospital care and transport during public emergencies. FEMS will respond to emergency medical calls for residents, visitors, and organizations in the District. FEMS and MPD dispatch centers are co-located at McMillan.

9. **Office of Contracting and Procurement (OCP)—**OCP will assist in obtaining critical health and medical supplies and equipment and, if necessary, commercial facilities.

10. **Office of the Chief Medical Examiner (OCME)—**OCME will respond to the scene and provide coordination of mass fatality efforts, including investigating, establishing temporary morgue(s), coordinating transportation of remains, performing postmortem examinations and identifications, securing evidence, certifying cause and manner of death, and releasing remains.

11. **Office of Unified Communications (OUC)—**OUC will facilitate communications and coordination among local, state, and federal authorities during regional and national emergencies.

12. **Serve DC—**Serve DC will support ESF #8 when medical related volunteers are requested to include the Medical Reserve Corps. This could include, but is not be limited to, administrative and/or logistical support. Information on the types of donations that would be most beneficial to assist victims during the disaster will be provided to Serve DC.

13. **Non-Governmental Organizations**—DC Hospital Association, DC Health Care Alliance, American Red Cross, Medical Chirurgical Society of DC, DC Primary Care Association, National Medical Association, and DC Nurses Association will provide information to response personnel regarding hospital capacity, medical staff availability, effective transportation of victims, and options to avoid overcrowding.

C. Primary Federal Agency

Department of Health and Human Services (DHHS)—The Department of Health and Human Services is the primary federal agency for ESF #8 and will provide direct, technical, and other support to the District through ESF #8.

Upon the Presidential Declaration of an emergency or major disaster under the authority of the Robert T. Stafford Disaster Relief Act as Amended, April 1999, the Department of Homeland Security will implement the NRP. Initially, federal agencies will operate out of the Initial Operating Facility (IOF). Later, when the Joint Field Office (JFO) is established near the disaster area, the agency ESF representatives that comprise the Emergency Response Team (ERT) will be in the JFO.